

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Alberta Arbeita

	Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: $1-1-20i3$ Ending Date: $10-1-20i3$	18.2013				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election 30 day after election year-end	report dissolution				
PAUL J DENARO Candidate Full Name (if applicable) Candidate Full Name (if applicable) Committee To Elect Committee Name	PAUL DEMARD				
Alderman-AT-LARGE Louis J SA Office Sought and District Name of Committee 7	reasurer · ·				
11 PENNYRY WOLDENMA OFFIN 11 PENNYRY WOOD Committee Mailing	ROUMB OHOI				
Telephone Number (optional): 78/- 938-58/() Telephone Number (optional): 78/-9	38-5810				
SUMMARY BALANCE INFORMATION:					
Line 1: Ending Balance from previous report	24				
Line 2: Total receipts this period (page 3, line 11)	00				
Line 3: Subtotal (line 1 plus line 2) 8 7, 3.79, 2	24				
Line 4: Total expenditures this period (page 5, line 14)	B B				
Line 5: Ending Balance (line 3 minus line 4) 9 3,7 47 6	<u>58</u>				
Line 6: Total in-kind contributions this period (page 6)	NATE				
Line 7: Total (all) outstanding liabilities (page 7)	<i>70</i> ·				
Line 8: Name of bank(s) used: NORTHERN BANK LTRUST C					
Affidavit of Committee Treasurer:	}				
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete state activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period a finance activity of all persons acting under the authority of an behalf of this committee in accordance with the requirements of M.G.L. c. 55.	tement of all campaign finance and represents the campaign				
Signed under the penalties of perjury:(Treasurer's signature)	Date: 10-26-13				
FOR CANDIDATE FILINGS ONLY: Aftidavit of Candidate/(check 1 box only)					
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and comple activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. The incurred any liabilities nor made any expenditures on my behalf during this reporting period.	te statement of all campaign finance ave not received any contributions,				
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of periury: (Candidate's cignature)	Date: 10/6/1/10				

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Occupation & Employer					
Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
			(tot contributions of \$200 of milete)		
10-12-13	FlAheRTY, JOHN		Cur Chad		
70 13 13	28 Westst WEDURLMAD OLDER	500,∞	SELF-Employed		
	LOSKO, CHRISTING				
10-17-13	306 Russell ST WebsRymn	100,00			
	O'BRIEN ROBERT				
9-13-13	O'BRIEN, ROBERT SUI SUI VILLIESTVIEW GEIGH WEBSTA	100,00	•		
	Rideout, LAURENCE				
10-12-13	2 Kernedy Rd Whorld min	75,00			
	RILEUST, PATRICIA				
10-12-13	2/county Rd Wobury in A	75,10			
	SACCO, CAROL OIS				
10-17-13	ICARSON RICEDOUNG MA	500,00	Retired		
	SCIRE, ROBERT				
10-13-13	WODSHIMAO/801	100,00			
	SUTTON, ELAINE				
10-12-13	24 Albany ST Wobuny min	100,00			
	SUTTON, G-EURSE				
10-12-13	DY 14/BAUSTUVA DUM	100,00			
	TRESICA, JACKIR				
10-12-13	19 Indiana Ave Somerus	100,00			
Line 9: Total Receipts over \$50 (or listed above)					
Line 10: Total Rece	sipts \$50 and under* (not listed above)	1, 2/5,0			
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	#1 car re	F. () 1 2 2		
	receipts of \$50 and under include them in line	2, 765, 4	Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
`			
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid **Date Paid** (alphabetical listing) Address Purpose of Expenditure Amount ONE ARMUDA Newspaper ALS DAily Times Chraid WODUNN, mg 0/80, 111.65 ONE HRROW DR WODEN, MBOLDOI WELLSPAPER ASS 500, is Jenry Rd 18/10 am junul 333.38 100,00 WabuRampuisul PO BOX SI 100.00 1000,00 WEBUTH, MA OISO Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under* (not listed above) Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				,
•		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD hould include only those expenditure	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	VVVV			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND Co	ONTRIBUTIONS	()

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
7-8-01	PAU J. DENARO	11 Perry Rd Wobunymp Oldel 11 Perry Rd Wobunymp Oldel	Candidate Lond	^ε 500, α
10-15-01	Rey J. DeNARO	11 Permy Rd Wobunjump Olda	Caulidate Luna	500.°
	,			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	\$1,000.9



(617) 727-8352

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

File with: Director
Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Nai	me of Individua	al being reimbursed:	JA DENAKO		
Cor	nmittee Name:	Compittee To	Elect Poul De MARONF ID#:		
ın.	ount of Reimb	ursement:	333.38		
Dat	e of Reimburse	ement:	0-12-13		
		ITEMIZE EXPENDIT	TURES OF \$50 OR MORE		
	Date Paid	Vendor Name and Address	Purpose of Expenditure	Amor	ınt
	10-12-13	MARKET BASKET 1803 43 Mildles - TRK BUTTLINGT	Food & Supplies Campingar Food & Applies Campaign Brogg	88	
	10-12-13	311 Lowell ST Wilmington AA	Food Byplies Campaign Broy	98	61
			,		
					
	-				
	***************************************		Expenditures in excess of \$50 (listed above)	18/	7 - 7
			Expenditures under \$50 (not listed above)	146	2/ 7/
			TOTAL AMOUNT REIMBURSED	2333	X
		(Assurable)			